

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 052718

2012 AUG -7 AM 10:57

MICHAEL FAJMAN
RECORDER

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST CATHERINE HOSPITAL

Against

FARMERS INSURANCE PO BOX 268993

OKLAHOMA CITY, OK 73126 CL#1013444320

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13TH day of August 20 09

and recorded on the 27TH day of August 20 09 (as instrument No.

01735318) (in Hospital Lien Book, Page 2009059396) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

treatment and maintenance of VALENCIA DAVIDSON

Regarding Patient Account Number 01735318 in the amount of TWO THOUSAND

FIVE HUNDRED SEVENTY AND 50/100 the Lake County Recorder Dollars (\$ 2,570 50)

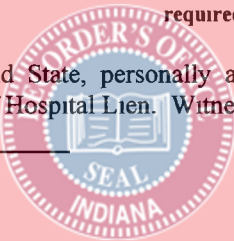
the Recorder is hereby authorized to release said lien solely as to the above described party this

31ST day of JULY 20 12

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

Alison Adams
ALISON ADAMS-PATIENT FINANCIAL SUPPORT
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Before me, a Notary Public in and for said County and State, personally appeared ALISON ADAMS who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 31ST Day of JULY 20 12
My Commission Expires: 02/14/17
Residing in Lake County, Indiana



Lisa E Ward
Lisa E Ward, Notary Public

This instrument was prepared by ALISON ADAMS, Patient Representative, St. Catherine Hospital.

AMOUNT \$ 1.7⁰⁰
CASH _____ CHARGE 049652
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK AM